

SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Stamp (Required)  
JUN 09 2017  
BAYFIELD CO. Zoning Dept.

Permit #:	17-0225
Date:	6-27-17
Amount Paid:	75 6-12-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER	
Owner's Name:		Mailing Address:		City/State/Zip:		Telephone: 715-547 6123			
Self + Sherry Koecker		P.O. Box 386		Land O Lakes WI 54546		Cell Phone: 715-617 6123			
Address of Property:		City/State/Zip:		Contractor Phone:		Plumber:			
84170 Big Pine trail		Cornucopia WI 54827							
Contractor:		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No			
Self									
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID# (4-5 digits)		Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 2008 R-523628			
NE 1/4, SE 1/4		Gov't Lot		Lot(s)		Vol & Page		Lot(s) No.	
				1		1043 1/375		Block(s) No.	
Section 22, Township SD N, Range 6 W		Token of:		Bell		Lot Size		Acreage	
								13.31	
<input type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? →		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Shoreland →		<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →		Distance Structure is from Shoreline: feet					

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$20,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Vaulted	
	<input type="checkbox"/> Relocate (existing Bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>	<input checked="" type="checkbox"/> Slab		<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	32	26	15

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		( X )	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		( X )	
<input type="checkbox"/> with Loft		( X )	
<input checked="" type="checkbox"/> Recreation/Leisure	with a Porch	( X )	
	with (2 <sup>nd</sup> ) Porch	( X )	
	with a Deck	( X )	
	with (2 <sup>nd</sup> ) Deck	( X )	
<input type="checkbox"/> Commercial/Staff	with Attached Garage	( X )	
<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		( X )	
<input type="checkbox"/> Mobile Home (manufactured date)		( X )	
<input type="checkbox"/> Addition/Alteration (specify)		( X )	
<input checked="" type="checkbox"/> Accessory Building (specify)	Pole Building	( 32 X 26 )	832
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		( X )	
<input type="checkbox"/> Special Use: (explain)		( X )	
<input type="checkbox"/> Conditional Use: (explain)		( X )	
<input type="checkbox"/> Other: (explain)		( X )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): JJ Koecker  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Date 6/9/17

Address to send permit: (if you recently purchased the property send your Recorded Deed)

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

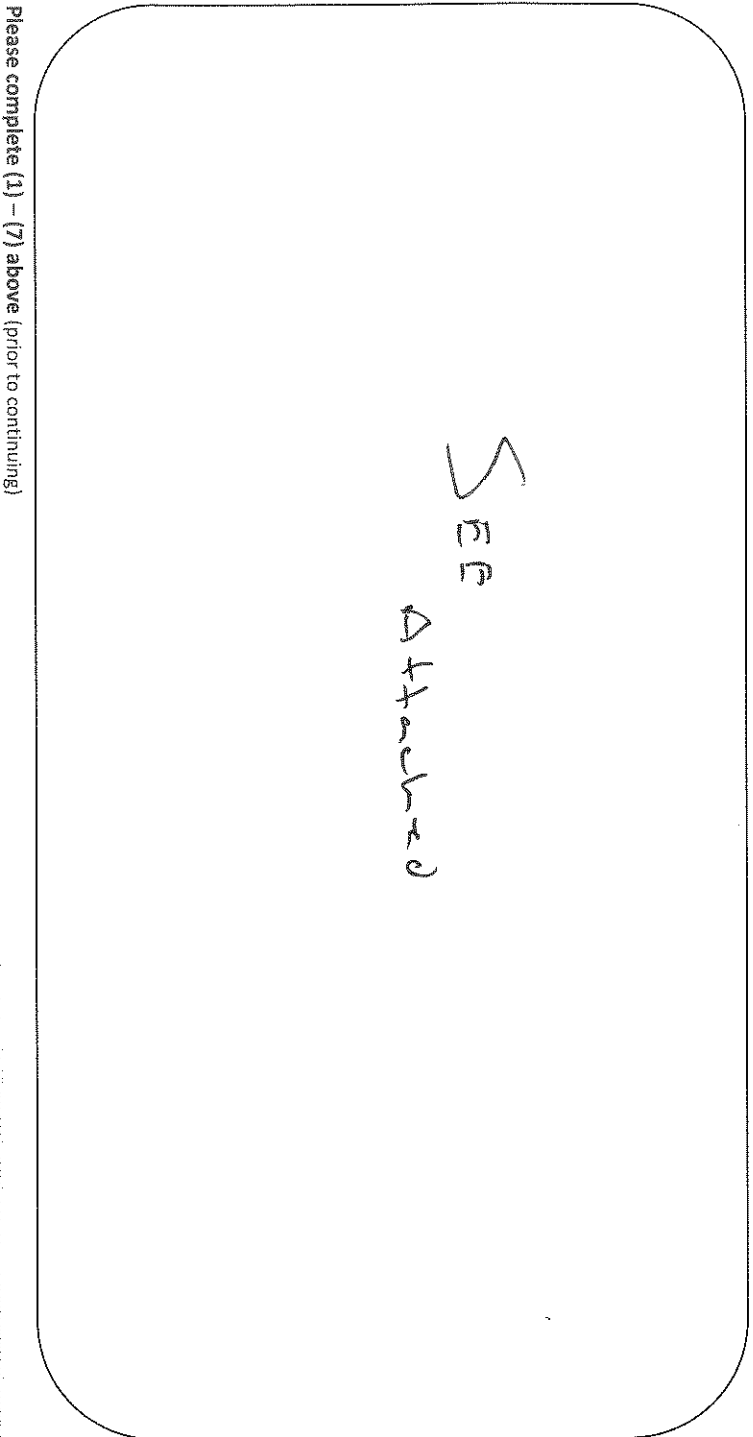
Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

Look below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

SEE

Attached



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	265 Feet	Setback from the Lake (ordinary high-water mark)	330 Feet
Setback from the Established Right-of-Way	265 Feet	Setback from the River, Stream, Creek	X Feet
Setback from the North Lot Line	130 Feet	Setback from the Bank or Bluff	X Feet
Setback from the South Lot Line	322 Feet	Setback from Wetland	445 Feet
Setback from the West Lot Line	355 Feet	20% Slope Area on property	Yes
Setback from the East Lot Line	642 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	200 Feet	Setback to Well	200 Feet
Setback to Drain Field	220 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

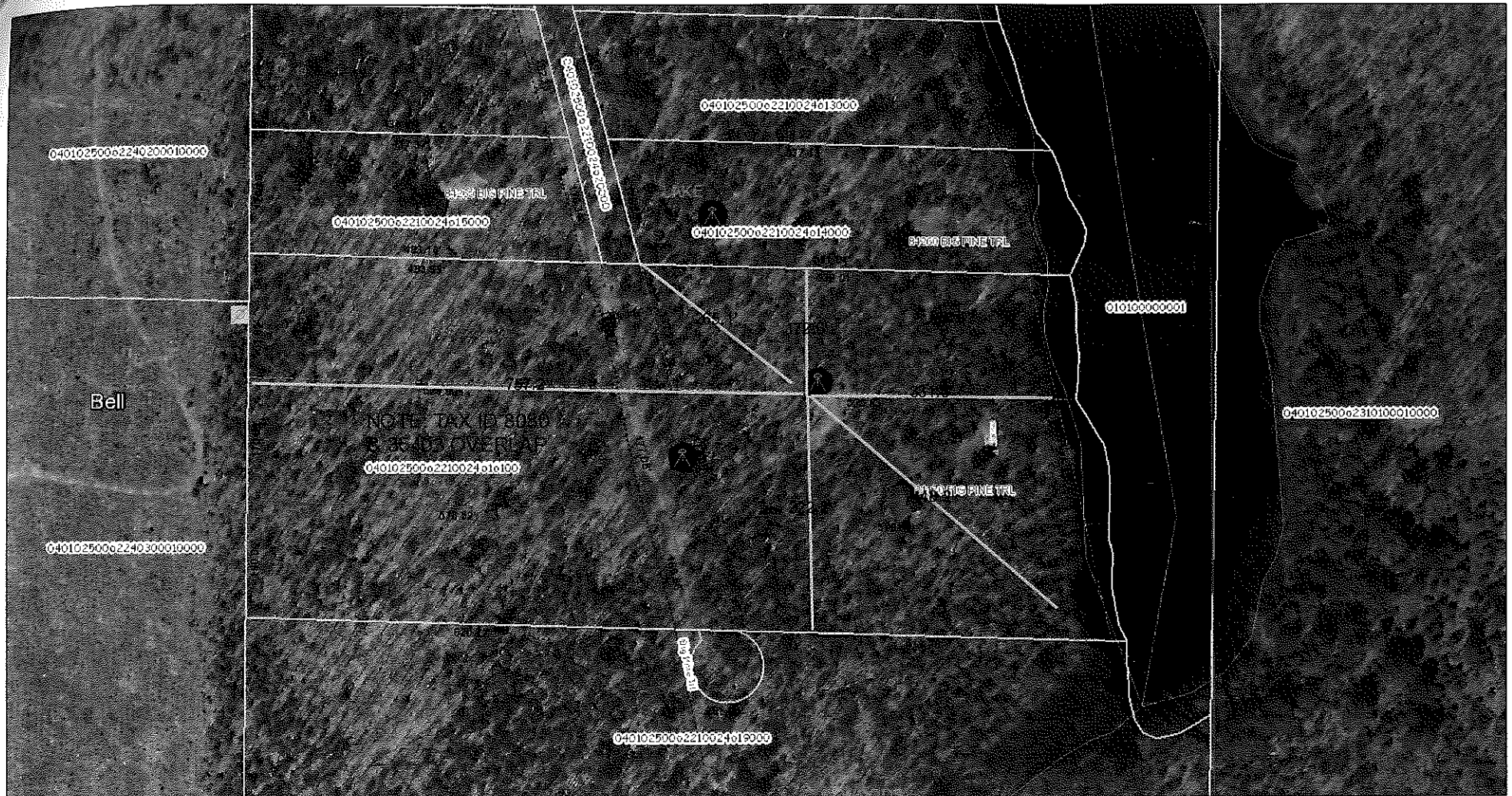
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 425188	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: 17-03085		Permit Date: 6-27-17				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CSM				
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:	just checked building site - not existing building					
Date of Inspection:	6-22-17	Inspected by:	C. MURPHY			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached)						
Building steel not be used for human habitation + for sleeping purposes + steel not contain plumbing fixtures w/ connection to pressurized water.						
Signature of Inspector:						Date of Approval: 6-28-17
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>		

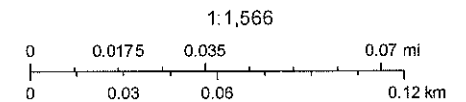
# Bayfield County Web AppBuilder



June 9, 2017

- Building
- Corner Tie Sheets
  - Section Corner Monument on File
  - Section Corner Monument Referenced on Survey
- Survey Maps
  - UnRecorded Map

- |              |                             |                    |
|--------------|-----------------------------|--------------------|
| Recorded Map | State                       | Tie Line           |
| Road Type    | Town                        | Rivers             |
| CFR          | Municipal Boundary          | Wetlands           |
| County       | Section Lines               | Douglas Co Parcels |
| Federal      | Approximate Parcel Boundary | Ashland Co Parcel  |
| Private      | Meander Line                |                    |



Bayfield County  
Bayfield

City, Village, State or Federal  
Permits May Also Be Required

LAND USE – X  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0225** Issued To: **Jeffery & Sherry Koehler**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **22** Township **50** N. Range **6** W. Town of **Bell**

Gov't Lot                      Lot **1**                      Block                      Subdivision                      CSM# **1643**

For: **Residential Accessory Structure: [ 1- Story; Pole Building (32' x 26') = 832 sq. ft. ]**

(Disclaimer): Any future expansions or development would require additional permitting.

**Condition(s): Building shall not be used for human habitation and/or sleeping purposes and shall not contain plumbing fixtures with connection to pressurized water.**

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Jennifer Murphy**

Authorized Issuing Official

**June 27, 2017**

Date



Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APR 12 2017

ENTERED

Permit #:	Date:	Amount Paid:	Refund:
17-0849	6-29-17	125	6-14-17

Bayfield Co. Zoning Dept.  
TO APPLICANT. HOW DO I

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO THE PROJECT																	
TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input checked="" type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER			
Owner's Name:		Susan J. Heavie				Mailing Address:		PO Box 163 Lewistown WI 54827				Telephone:				715-740-3443	
Address of Property:		88528 Superior Ave				City/State/Zip:		Lewistown WI 54827				Cell Phone:				218-349-6138	
Contractor:						Contractor Phone:		Plumber:				Plumber Phone:					
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Sara A. Nielsen				Agent Phone:		340-223-1451				Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
PROJECT LOCATION		Legal Description: (Use Tax Statement)				PIN: (23 digits)		04-010-2-5106-34-1 00-308-02500				Recorded Document: (i.e. Property Ownership)		Volume _____ Page(s) _____			
1/4, _____ 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		Lot(s) No.		Block(s) No.		Subdivision:			
								873/427 897/656		7-12		6					
Section 34, Township 51 N, Range 6 W		Town of:		Bel		Lot Size		approx 160' x 145'		Acreage		.49					

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?	If yes—continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	If yes—continue →	Distance Structure is from Shoreline : _____ feet				

<input checked="" type="checkbox"/> Non-Shoreland							
Value at Time of Completion <small>* include donated time &amp; material</small>	Project  (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water	
\$ 45,000	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input checked="" type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	<input checked="" type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input checked="" type="checkbox"/> <del>Septic</del> <input checked="" type="checkbox"/> Well _____	

Existing Structure: (if permit being applied for is relevant to it)	Length: 24	Width: 24	Height: 12
Proposed Construction:	Length: NA	Width: NA	Height: NA

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use Rec'd for Issuance	Principal Structure (first structure on property)	( X )	
	Residence (i.e. cabin, hunting shack, etc.)	( X )	
	with Loft	( X )	
	with a Porch	( X )	
	with (2 <sup>nd</sup> ) Porch	( X )	
	with a Deck	( X )	
	with (2 <sup>nd</sup> ) Deck	( X )	
	with Attached Garage	( X )	
<input type="checkbox"/> Commercial Use Secretarial Staff	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	Mobile Home (manufactured date) _____	( X )	
	Addition/Alteration (specify) _____	( X )	
	Accessory Building (specify) _____	( X )	
	Accessory Building Addition/Alteration (specify) _____		
<input type="checkbox"/> Municipal Use			
	Special Use: (explain) <u>Residential in Commercial</u>	( 24 x 24 )	576
	Conditional Use: (explain) _____	( X )	
	Other: (explain) _____	( X )	

**FAILURE TO OBTAIN A PERMIT OR VIOLATING CONSTRUCTION** I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Date \_\_\_\_\_

Date \_\_\_\_\_

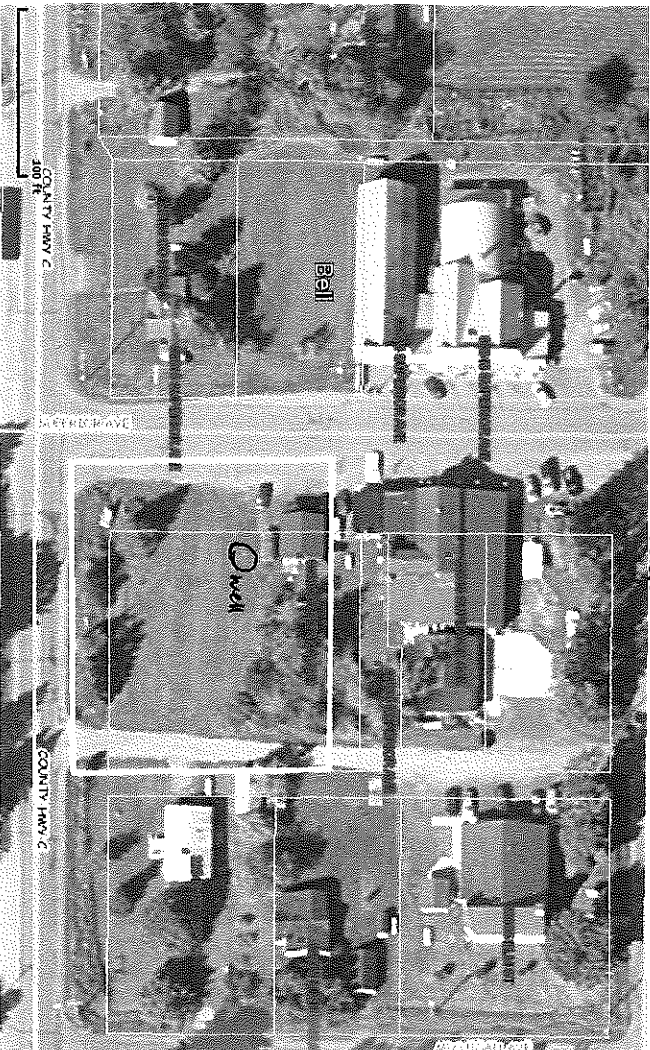
**Copy of Tax Statement**  
If you recently purchased the property send your Recorded Deed

box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\* ) Driveway and (\* ) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\* ) Well (W); (\* ) Septic Tank (ST); (\* ) Drain Field (DF); (\* ) Holding Tank (HT) and/or (\* ) Privy (P)
- (6) Show any (\*): (\* ) Lake; (\* ) River; (\* ) Stream/Creek; or (\* ) Pond
- (7) Show any (\*): (\* ) Wetlands; or (\* ) Slopes over 20%

# Bayfield County, WI

88528 Superior Ave. North



Please complete!

(8) Set

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	39 Feet	Setback from the Lake (ordinary high-water mark)	AVA Feet
Setback from the Established Right-of-Way	10 Feet	Setback from the River, Stream, Creek	AVA Feet
Setback from the North Lot Line	17 Feet	Setback from the Bank or Bluff	AVA Feet
Setback from the South Lot Line	102 Feet	Setback from Wetland	AVA Feet
Setback from the West Lot Line	Road 105 Feet	Setback from 20% Slope Area	AVA Feet
Setback from the East Lot Line	105 Feet	Elevation of Floodplain	AVA Feet
Setback to Septic Tank or Holding Tank	AVA Feet	Setback to Well	25 Feet
Setback to Drain Field	AVA Feet		
Setback to Privy (Portable, Composting)	AVA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #	17-0249	Permit Date:	6-29-17		
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No		
Is Parcel in Common Ownership		<input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No		
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Case #:			
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record:					
Date of Inspection: 5-8-17		Inspected by: J. Muepff		Zoning District: (C)	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		Date of Re-Inspection: 5-18-17		Lakes Classification: (N/A)	
Signature of Inspector: [Signature]					
Hold For Sanitary: <input type="checkbox"/> Hold For TBA: <input type="checkbox"/> Hold For Affidavit: <input type="checkbox"/> Hold For Fees: <input type="checkbox"/> Date of Approval: 5-30-17					

in, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – X  
SANITARY – City  
SIGN –  
SPECIAL – Class B  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0249** Issued To: **Susan Keachie**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **34** Township **51** N. Range **6** W. Town of **Bell**

Gov't Lot Lot **7-12** Block **6** Subdivision **Village of Cornucopia** CSM#

For: **Residence in Commercial Zone: [ 1.5- Story; Conversion to Residence (24' x 24') = 576 sq. ft. ]**  
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Per approval of Planning & Zoning Committee.**

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Jennifer Murphy**

Authorized Issuing Official

**June 29, 2017**

Date